

California Department of Corrections and Rehabilitation (CDCR) Division of Addiction and Recovery Services

1. Impact of Substance Abuse on the Department

- *What is the percentage of population with a substance abuse problem?*

“Drug Use and Dependence, State and Federal Prisoners, 2004”, U.S. Department of Justice, Bureau of Justice Statistics.

- 83 percent of state inmates have used illicit drugs at some point in their lives
- 69 percent reported regular use prior to incarceration.
- 53 percent of state inmates met the criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) for drug dependence or abuse.

- *What specific programs are you funding for drug and alcohol prevention and treatment?*

DARS provides substance abuse treatment services to both inmate and parolee populations through a number of programs including:

Inmate Programs

Reception Center Substance Abuse Programs (RCSAP) screen and assess incoming inmates for substance abuse histories and eligibility for placement in treatment programs. Inmates identified as substance abusers receive SAP orientation services for an average of 45 to 90 days at the Reception Center prior to transition to an in-prison or community-based treatment program.

In-Prison Substance Abuse Programs (SAP) The primary goal is to reduce the incidence of both relapse and recidivism among participants, and to promote pro-social behavior that will enable participants to exhibit satisfactory conduct within the facility and on parole, leading to successful re-integration in the community. SAPs provide substance abuse services to participants housed generally within a designated single housing unit using a therapeutic community model.

Transitional Treatment Program (TTP) is a 120 day, specialized substance abuse program focused on preparing the SAP inmate for community re-entry and aftercare placement. Services include intensive pre-release planning, including employment skills and aftercare placement.

Drug Treatment Furlough (DTF) is an accelerated treatment program designed to allow non-violent, non-serious Substance Abuse Program (SAP) inmates to program in community residential treatment facilities for up to 120 days prior to parole. The program is designed to support treatment gains while incarcerated and enhance community reintegration.

Parolee Programs

Substance Abuse Services Coordination Agencies (SASCA) collaborate with each In-Custody Substance Abuse Program to ensure the continuum of care and the integration of community services. Each of the four SASCAs, one located within each Parole Region, refers and places the in-prison SAP program completers into appropriate community-based programs and monitors and reports on their participation and progress.

Female Offender Treatment and Employment Program (FOTEP) provides intensive training and counseling services to help female parolees make a successful transition back into the community. FOTEP offers participants the opportunity to have two minor children reside with them as appropriate. This program follows female offenders' completion of in-prison therapeutic community substance abuse treatment programs and provides up to 15 months of service.

Parolee Services Network (PSN) provides community alcohol and drug treatment services for eligible parolees (felons and civil addicts). The PSN is a collaborative program between the California Department of Corrections and Rehabilitation, Department of Alcohol and Drug Programs, seventeen county alcohol and drug programs, case management providers, and community-based organizations.

In-Custody Drug Treatment Program (ICDTP) provides alternative sanctions for parolees who violate their parole conditions due to a drug or alcohol dependency and/or who need confinement and treatment to control their substance abuse.

Mandatory Conditions of Parole (MCOP) Pilot Programs are located at VSPW and CRC. The MCOP mandates 120 days residential aftercare treatment for felon inmates paroling from the In-Prison SAP located at the pilot sites.

Mandatory Residential Aftercare (SB 1453) provides that certain inmates under the custody of the CDCR, after successful completion of an in-prison drug treatment program, and upon parole, shall, whenever possible, be entered into a residential aftercare drug treatment program. If the parolee successfully completes 150 days of residential aftercare, he or she shall be discharged from parole.

In addition to the DARS programs listed above, the Division of Adult Parole Operations (DAPO) and the Female Offender Program Services (FOPS) fund substance abuse treatment programs for inmate and parolee populations.

- *What funding sources are available to treat your clients with substance abuse and addiction?*

The DARS' program funding sources are:

- General Fund (\$176 million)
- Residential Substance Abuse Treatment Grant Funds (\$426,000)
- Work Force Investment Act (\$1.1 million)
- Federal Alcohol and Drug Program Funds (\$8.9 million)

2. Availability and Access to substance abuse treatment slots

- *How many clients are identified as needing treatment?*

The Department does not currently collect comprehensive data related to substance abuse treatment needs for all inmates. However, national survey data has consistently shown that 50 to 60 percent of state prisoners meet the accepted criteria for drug dependence or abuse. Within CDCR, this percentage would represent 85,000 to 100,000 current inmates needing substance abuse treatment.

- *How many are enrolled in a treatment program?*

There are currently more than 9,000 inmates enrolled in DARS funded substance abuse treatment programs within the Department (this number does not include inmates who participate in self-help groups such as AA or NA which are also available to the inmate population at all institutions). Additionally, more than 3,000 parolees are enrolled in DARS funded residential or out-patient substance abuse treatment in the community (this number does not reflect substance abuse programs managed by DAPO or FOPS).

- *What is the average length of time clients wait before they are enrolled in a program?*

While some programs maintain waiting lists for treatment services, this varies significantly based on program location, size and targeted population. The Department does not track the length of time clients wait before they are enrolled in a program.

- *How many clients receive treatment when they are released and what is the average length of the treatment program?*

Approximately 40 percent of inmates who complete substance abuse treatment while in prison go on to participate in community-base aftercare following release on parole. During the last fiscal year, more than 7,000 parolees participated in community-based substance abuse treatment. On average, parolees stay in community-based continuing care for 70 days. (These numbers do not include inmates and/or parolees receiving substance abuse treatment services through PSN or DAPO/FOPS funded programs).

- *What percentage of recidivism is directly connected to substance abuse?*

The Department is not currently able to accurately track the number of parolees returned to prison as a direct result of substance abuse.

- *Does the Department give priority or preference to any individuals when there is a wait list for treatment programs?*

Inmates who volunteer to participate in substance abuse treatment are given priority over non-volunteers.

3. Barriers and Gaps in Service

- *In relation to the issue of substance abuse, what are the gaps in services?*

Gaps in services exist between initial inmate assessment and actual placement in substance abuse treatment. Currently, only 22 of the State's 33 prisons offer substance abuse treatment programs. Gaps in service also exist during transition from in-custody programs to community-based continuing care. CDCR is currently developing new modalities and processes to improve the assessment, placement and transition within and between institutional and community-based treatment services.

- *What systemic barriers do your clients experience that prevent them from having successful outcomes?*

The Office of Inspector General Report (OIG) and previous University of California at Los Angeles (UCLA), enumerated barriers facing the Department's substance abuse treatment programs. Among them are:

- Lack of true therapeutic community in an institutional setting;
- Classification, screening and assessment processes;
- Transition from the SAP to SASCA, and other continuing care programs;

DARS is in the process of developing different modalities which would include an educational and vocational component. DARS is also working towards processes to ensure improved transition from in-custody to community-based programs. The Department is in the process of developing and implementing a system wide assessment process to assist in matching offenders with appropriate programs based on risk and need and developing plans to expand treatment services to additional institutions and settings within CDCR.

4. Screening for substance abuse issues

- *How does your department screen clients for substance abuse issues?*

All inmates entering CDCR go through a Reception Center for processing. If it is found that they have a history of Substance abuse, treatment is recommended. Subsequent to that process, at the Receiving Institution all inmates receive an initial and/or an annual classification hearing to either sustain or change the reception centers findings.

- *What are the criteria used to evaluate whether a client is screened?*

All inmates housed CDCR are screened for substance abuse during their initial, program review or annual classification. A classification committee may consider inmates who have a documented history of substance abuse for placement into a treatment Program.

5. Substance Abuse Programs

- *What systemic barriers do your clients experience that prevent them from having successful outcomes?*

The gaps in services appear to be the transition from the SAP to SASCA, and other continuing care programs, for successful transition back into the community. DARS is currently developing new modalities and processes to close the gap in services provided to the client.

6. Data Tracking

- *How does the Department collect data on clients referred to treatment and the outcomes of that treatment for clients?*

The Offender Substance Abuse Treatment (OSAT) Database collects individual data on all inmates and parolees participating in DARS funded substance abuse programs. This data is merged with Departmental records which include demographic, criminal justice, and custody information. This database allows DARS to report on a number of operational variables including the number of program clients, completion rates, movement across the treatment continuum, average length of stay, and return to prison rates.